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## **Attorney Docket Number DECLARATION FOR UTILITY OR** First Named Inventor **DESIGN COMPLETE IF KNOWN PATENT APPLICATION** (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration Declaration OR. Submitted after Initial Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

	-	·				<u> </u>	
As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, names are listed below) of RECEPTOR ASSEMBLANCEMENT	the subject matter w		which a pal	ALE CO	THE Invention en	lilled R RAFFITIC	
	the specification of which (Title of the Invention)						
is altached hereto OR	is attached hereto OR						
was filed on (MM/D	D/YYY)		as United	d States Applicat	ion Number or P	CT International	
Application Number		and was amended on	(WW/DD/Y)	YYY)	······································	(if applicable).	
I hereby state that I have reamended by any amendment	eviewed and understa	nd the contents of the documents	above ident	lified specification	n, including the c	laims, as	
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
hereby claim foreign priori certificate, or 365(a) of any America, listed below and ha or of any PCT international a	PC international ap ive also identified belo	plication which design ow, by checking the bo	ated at leas x, any foreig	st one country ogn application fo	other than the Un r patent or invent	nited States of	
Prior Foreign Application	Country	Foreign Fill	• ,	Priority Not Claimed	•	py Attached?	
Number(s)	Country	(MM/DD/		Not Claimed	YES	NO	
	'	}					
	•						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number	(s) Filin	g Date (MM/DD/ÝY	YY)				
				numbe supple	nal provisional rs are listed or mental priority B/02B attache	n a data sheet	
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[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 United States of America, listed be United States or PCT International information which is material to part and the national or PCT internation	elow and, insol application in t tentability as d	far as the subject- he manner provide lefined in 37 CFR	matler of d by the f	each of the irst paragrap	claims of thi h of 35 U.S.(	is application is C. 112, Lacknov	not disclosed vledge the dut	in the prior y to disclose
U.S. Parent Application or PCT Parent Number			i	Parent Filing Date Parent (MM/DD/YYYY)			rent Patent Number (if applicable)	
Additional U.S. or PCT interna	tional application	on numbers are list	ed on a s	upplemental	priority data	sheel PTO/SB/	02B attached h	nerelo.
As a named inventor, I hereby appo	int the following				······		ct all business	in the Patent
and Trademark Office connected th		Customer Number   DR					Place Custo Number Bar	
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Given Name (first a	nd middle fif	any])			Family	Name or Su	name	
PHILIP C	HIDI			N.	Jum-	ANZE		
Inventor's Signature		Den	and				Date	9/40
Residence: City	PRI	State \	no	Country	NIC	ERIA	Citizenship	NIGERIA
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☐ Additional inventors are bei	ng named on	the supple	mental /	\dditional Ir	nventor(s) s	heet(s) PTO/	SB/02A alta	though a

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37 CFR 1.9(f) & 1.27(b))INI			Docket Number (Optional)			
Applicant, Patentee, or Identifier:	PHILIPC	HIDI NJE	MANZE			
Application or Patent No.:						
Filed or Issued:	<u> </u>					
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As a below named inventor, I here for purposes of paying reduced fee		•	•			
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Each such person, conce	ın, or organization is liste	d below.				
Separate statements are required stating their status as small entities		concern, or organizat	ion having rights to the invention			
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PHILIP CHIDI NJONANZ	$\mathcal{E}$					
NAME OF INVENTOR	NAME OF INVENTOR	<del></del>	NAME OF INVENTOR			
Dename	· · · · · ·					
Signature of inventor	Signature of inventor		Signature of inventor			
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